

**ATTACHMENT B: Sample Work Observation Form**

## Work Observation Form

Subject Matter Expert Information	
Name of Interviewee	Department
Current Civil Service Classification	Division/Work Unit
Working Title ( <i>if different</i> )	Work Location
Telephone Number	Immediate Supervisor's Name and Classification
Length of Time in Current Classification	<input type="checkbox"/> Incumbent <input type="checkbox"/> Supervisor
Name of Interviewer	Date and Location of Interview

**1. List the Work Behaviors/Tasks Observed:**

**2. Identify the Physical Working Conditions:**

(Physical location, noise level, weather conditions, etc.)

**3. Record any Materials, Equipment, Tools, Manuals, and/or Reference Materials Used:**

**4. Degree of Supervision Received:**

(How is work assigned, reviewed, and approved? What is the frequency and duration of direct supervision?)

**5. Interaction with Others:**

(With whom does the incumbent interact, including departmental employees, personnel from other state agencies/departments, consultants, vendors, and/or the public? What is the purpose of the interaction?)

**6. Acquisition of Job Skills:**

(How does an incumbent typically learn how to do this job?)

**7. Identify the Requisite Knowledge, Skills, and Abilities:**

(What knowledge, skills, and abilities are needed to perform the job?)

**8. List any Requisite Physical Requirements:**

(What physical requirements must an incumbent possess to perform the job?)